

1a. Child's first name (Legal): \_\_\_\_\_

1b. Child's last name (Legal): \_\_\_\_\_

Date DRDP (2015) was completed (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Assessment period (e.g., Fall 2016) \_\_\_\_\_

### Child Information

2. Statewide Student Identifier (10-digit SSID): \_\_\_\_\_

3. Agency Identifier: \_\_\_\_\_

(agency identifier and statewide student identifier can be the same)

4. Child's classroom or setting: \_\_\_\_\_

5. Birth date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Gender Male Female

7. Initial date of enrollment in early childhood program (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date child was withdrawn from the program (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8a. What is this child's ethnicity?

Yes, Hispanic or Latino

No, not Hispanic or Latino

8b. What is this child's race? *Mark one or more races to indicate what this child considers himself/herself to be.*

Asian Indian

Laotian

Black or African-American

Native American

Cambodian

Other Asian

Chinese

Other Pacific Islander

Filipino

Samoan

Guamanian

Tahitian

Hawaiian

Vietnamese

Hmong

White

Japanese

Intentionally left blank

Korean

### Observer Information

9. Agency: \_\_\_\_\_ Site: \_\_\_\_\_

10. Your name: \_\_\_\_\_ Title: \_\_\_\_\_

11. Are you the primary teacher working with this child?

Yes

No (specify your relationship to the child): \_\_\_\_\_

12. Did another adult assist you with assessing this child?

Yes (role/relation): \_\_\_\_\_

No

### Child's Language Information

13. Child's home language(s): \_\_\_\_\_

Is a language other than English spoken in the child's home? Yes No

*If yes, the ELD measures must be completed for a preschool-age child*

14. What language(s) do you speak with this child? \_\_\_\_\_

15. Did someone who understands and uses the child's home language assist you with completing the observation?

Yes, role/relation: \_\_\_\_\_

No

Not applicable (*I understand and use the child's home language*)

16. Child is enrolled in: Check all that apply.

State Infant/Toddler Program

Tribal Head Start

State Preschool

Migrant

Head Start

First 5

Early Head Start

Title 1

Child Care Center

Family Child Care Home

Other: \_\_\_\_\_

Child's tuition fees are:

Subsidized (tuition assistance)

Not subsidized (full fee)

Don't know

17. Does this child have an Individualized Education Program (IEP) or an Individualized Family

Service Plan (IFSP)?

Yes

No

Don't know

# DRDP (2015)

## Special Education Information Page

### An Early Childhood Developmental Continuum

### For use with Early Intervention and Early Childhood Special Education Programs

1. Child's first name (Legal): \_\_\_\_\_
2. Child's last name (Legal): \_\_\_\_\_
3. Date DRDP (2015) was completed (e.g., 09/07/2015) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Assessment period (e.g., Fall 2015) \_\_\_\_\_

### Child Information

5. Student ID (Issued by district for reporting to CDE, SED) \_\_\_\_\_
6. Statewide Student Identifier (10-digit SSID) \_\_\_\_\_
7. Gender Male Female
8. Birth date (e.g., 03/05/2012) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
9. Special education enrollment. Check one. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

### Child's Language Information

10. Child's home language(s):  
English Spanish  
Vietnamese Cantonese  
Hmong Tagalog/Pilipino  
Other (specify)
11. Language(s) used with this child:  
English Spanish  
Vietnamese Cantonese  
Hmong Tagalog/Pilipino  
Other (specify)
12. Is a language other than English spoken in the child's home? Yes No  
If yes, complete the ELD measures for a preschool-age child.  
*If the child is Deaf or Hard of Hearing and not learning a spoken language, mark "No" and do not complete the ELD measures.*

### Child's Ethnicity

- 13a. Is this child Hispanic or Latino? Check one.  
Yes, Hispanic or Latino No, not Hispanic or Latino Intentionally left blank
- 13b. What is the race of this child? Check up to three.  
Asian Indian Hmong Samoan  
Black or African-American Japanese Tahitian  
Cambodian Korean Vietnamese  
Chinese Laotian White  
Filipino Native American Intentionally left blank  
Guamanian Other Asian  
Hawaiian Other Pacific Islander

### Special Education Information

14. Special education eligibility. Check one.  
Autism Hard of Hearing Specific Learning Disability  
Deaf-Blindness Intellectual Disability Speech or Language Impairment  
Deafness Multiple Disability Traumatic Brain Injury  
Emotional Disturbance Orthopedic Visual Impairment  
Established Medical Other Health Impairment
15. Adaptations used in the assessment. Check all that apply.  
Augmentative or alternative communication system Functional positioning  
Alternative mode for written language Sensory support  
Visual support Alternative response mode  
Assistive equipment or device None

### Program Information

16. SELPA \_\_\_\_\_
17. District of service \_\_\_\_\_

### Assessment Information

18. Name of person completing the assessment \_\_\_\_\_
19. Role of person completing the assessment:  
Early Intervention Specialist Speech/Language Pathologist  
Occupational/Physical Therapist Teacher of the Deaf/Hard of Hearing  
Program Specialist or Administrator Teacher of the Visually Impaired  
Special Education Teacher Other
20. Assistance completing the assessment? Yes No  
If yes, what is that person's relationship to the child? \_\_\_\_\_

Use this Information Page for a child with an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) served by a California Department of Education program.